



Rochester Animal Services
184 Verona St.
Rochester, NY 14608
585-428-SPAY (7729), Fax 585-428-6130
WWW.ROCHESTERANIMALSERVICES.COM

LOW-INCOME SPAY-NEUTER (LISN) PROGRAM

Thank you for your interest in the Low-Income Spay-Neuter (LISN) Program. This program provides low-cost spay/neuter surgeries for low-income pet owner's who meet the residency and income guidelines. The program is limited to City of Rochester residents. The LISN program is made possible through The City of Rochester Police Department, Animal Services Unit. The pet must be at least three months old at the time this application is submitted. Return this application with the required documents to the address above. Once the application and documents have been received, reviewed, and approved by Animal Services, you will be notified to schedule an appointment with us for your pet to be spayed or neutered. Clients must provide proof of residence in the City of Rochester and proof of income or public assistance. Fees are as follows:

	Fee
Cat (male)	\$25
Cat (female)	\$40
Dog	\$75

Owner's Name _____ Phone _____

Address _____ City _____ Zip _____

Dog ☐ Cat ☐ Breed _____ Name _____

Color _____ Weight _____ Age _____ Sex _____

Proof Of Income or Assistance – Please provide a copy of either a recent pay stub, last year's tax return, or proof of participation in a county, state, or federal assistance program.

- ☐ Employment
- ☐ Social Security/Retirement
- ☐ Government Subsidized (i.e., SSI, SSD, Public assistance)
- ☐ Other

Monthly Income _____

Verification

- ☐ Pay Stub/Check Stub
- ☐ Medicaid Card
- ☐ Other _____
- ☐ Unable to provide verification

Comments _____

Participant Signature _____ Date _____

For Office Use Only:

☐ Approved ☐ Denied Reason _____

Employee Initials _____



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To: Rochester Animal Services Unit and Veterinarians

OWNER'S NAME: _____ NAME OF ANIMAL: _____

ADDRESS: _____ BREED: _____

_____ SEX: _____

PHONE # _____ CR#: _____

I am the owner or agent for the above-described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

I consent to the use of such anesthesia and therapeutic drugs deemed proper by the veterinarian. I recognize that there are inherent risks and it is thoroughly understood that I assume all risks involved and I will not hold responsible the City of Rochester, the Rochester Police Department, the Animal Services Unit, their staff, consultants, or volunteers for any surgical or post-surgical complications. I realize that results cannot be guaranteed.

I understand that all animals must be picked up the day following the surgery and that if I do not pick up my animal, the animal shall be considered abandoned after 24 hours and the animal will be discharged in accordance with the policy established by the Animal Services Unit.

I understand that once the animal has been deemed abandoned, I relinquish any and all rights, and I can be held responsible for any medical, boarding, and other expenses incurred by the Animal Services Unit.

I hereby fully and completely release the City of Rochester, Rochester Police Department, and the Animal Services Unit from any claim, cause of action or liability and to indemnify and hold the City of Rochester, the Rochester Police Department, and the Animal Services Unit, their staff, consultants, or volunteers, harmless against all claims.

I understand that the cost of post-surgical medications (e.g., antibiotics) and devices (e.g., Elizabethan collars) is not included in the charge for services. If it is determined by the consulting veterinarian or RAS staff that post-surgical medication or devices are needed, I agree to accept financial responsibility for such additional costs incurred.

I understand that in preparing my animal for surgery, it may become apparent that hair mats, long toenails, or an umbilical hernia are present. If it is determined by the consulting veterinarian or RAS staff that these conditions should be corrected, I hereby consent to the performance of these procedures at my own expense.

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I understand that my animal may require suture removal and that I may elect to return to Animal Services for such service, or alternatively, to visit a licensed veterinarian for such post-surgery procedures at my own expense.

I understand that my animal may be exposed to infectious diseases while at the Animal Services facility.

I have read and understand this authorization and consent.

Additional Information

Signature of Owner/Agent: _____

Notary Stamp

Subscribed and sworn to before me this ____ day of _____ month, 20__ year. Attest only to identity of animal owner.

Notary Signature: _____

Please pick up your pet at Animal Services on

Between: 9am-11am 12pm-3pm

Date

PLEASE CONTACT ANIMAL SERVICES AT 428-7274 IF ANY COMPLICATIONS OR CONCERNS RELATED TO THE SURGERY SHOULD ARISE.